

Entered - 06/15/99 - sb
CL99L0373 - DIANNE C. MITCHELL

CLAIM OF: **PATRICIA J. ANTHONY**
3045 Renlo Drive
Atlanta, Georgia 30340

01- R -0940

For damages alleged to have been sustained as a result of vehicular damage due to a metal plate in the roadway on May 26, 1999 at Moreland Avenue and Vickers Street.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0373

Date: June 12, 2001

Claimant /Victim PATRICIA J. ANTHONY

BY: (Atty)(Ins. Co.) _____

Address: 3045 Renlo Drive, Atlanta, Georgia 30340

Subrogation: Claim for Property damage \$ 134.10 Bodily Injury \$ _____

Date of Notice: 06/07/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/26/99 Place: Moreland Avenue and Vickers Street

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that her vehicle was damaged when she drove over a metal plate in the roadway. The investigation determined that the work in the roadway was performed by United Water Services Atlanta. The claim was forwarded to United Water Services Atlanta for handling and its insurance carrier, The Travelers, has settled this claim with the claimant.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

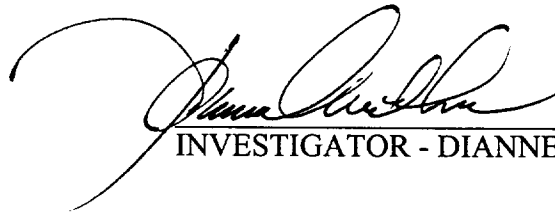
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager: [Signature] Concur/date 06-13-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

06-07-99P05:57 RCVD

RE: CLAIM FOR DAMAGES

Reeves
06/14/99
On

Today's Date: 6-1-99

ENTERED - 6-15-99 - SB
99L0373 -MIKE REEVES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 134⁰⁰ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 5-26-99 (month/day/year) 2. Time of Incident: 11:43 am 3. Police called: 1300 block Yes ☒ No ☐
4. Location of incident (including street address): On Moreland Ave. between Confederate & Custer Rights by Advanced Auto Parts.
5. Name of your insurance company: Allstate Insurance Co. Policy No. 021508763
6. State what and how incident occurred: I was driving down Moreland Ave looking for Vickers St. (later found that the Vickers street sign was removed) & I drove over a brown metal covering on the right side of the road when my tire completely burst. I immediately turned into Advanced Auto Parts; they then informed me that the same incident occurred yesterday that I had driven over spikes in the road left by city workers.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: Honda Accord 1994 242 FKM Patricia Anthony
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Patricia J. Anthony
Signature of Claimant

PATRICIA J. ANTHONY
(Print Claimant's Name)
3045 KENFO DRIVE
435 GRAYLAND CREEK PLACE
ATLANTA (Address) 30340
LAWRENCEVILLE GA 30045
(City, State and Zip Code)
404-315-7090 770-995-9244
(Work Number) (Home Number)

01-R-0940